

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	1			
3						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66	1					
67	2					
68	2					
69	2					
70	1					
71	1					
72	1					
73	1					
74	2					
75	2					
76	2					
77	2					
78	2					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	4					
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	95					
TOTAL CLAIMS	99					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS